#### <u>MEMORANDUM</u>

TO: Vermont Children's Performance Indicator Project Advisory Group

FROM: John Pandiani

Lucille Schacht Brad James

DATE: October 23, 1997

RE: Movement of Children and Adolescents

This week's PIP begins a series that will examine residential placement of children and adolescents. The goal of this process will be to identify data that can help to understand patterns of residential placement in Vermont as well as develop data analysis tools that can appropriately use residential placement as a measure of the outcome of care provided to children and adolescents in the various regions of Vermont.

Please continue to let us know how we are doing.

Question: How often does the type of residence of children and adolescents with severe emotional disorders change? Do these changes tend to involve movement to more restrictive or less restrictive settings?

Data: The results are based on an analysis of the Vermont Local Interagency Team (LIT) data base maintained by the Department of Developmental and Mental Health Services. The LIT database includes information collected at the time of referral and at six-month follow-up intervals. Information collected at both referral and the six month follow-ups includes demographic, living situation, education situation, services, and problem assessment. The analysis reported below was conducted in 1991 and describes children and adolescents (aged 2 to 21) who were originally referred to Local Interagency Teams during January 1990 through June 1991. (For a more detailed description of the analysis and the findings, see Pandiani and Maynard 1992).<sup>1</sup>

Analysis: The attached flow charts are a graphic presentation of the patterns of movement of children and adolescents at six month intervals after referral among four types of residential placement (with family, foster care, residential facility, detention center, and other). Each flow chart details the number of young people who followed the various paths among residential placements during the year after referral. Each flow chart describes young people who were in a single type of placement at the time of referral with their subsequent residential situations.

Results: There is a great deal of variation in the patterns of movement of individual children and adolescents but there are also definite patterns. Some paths are frequently followed, some are rarely followed, and some possible paths among types of residential placement were never followed.

Less than half of the young people who had been living with their family at the time of referral to their Local Interagency Team were living with their family one year later and less than one-third had lived with their family at both the six month and the one year follow-up. More than one-third of the young people who had been living with their family at the time of referral were living in a residential facility one year later and almost one-fifth were in foster care.

Of the 21 young people who had been in foster care at the time of referral, six were in foster care six months later while only four were in foster care one year later. Seven of the foster care children were in a residential facility, and six were living with their family one year after referral.

Of the 23 young people who started in residential care, only 11 were in residential care one year later. Seven were in foster care and four were living with their families after one year.

Of the 23 young people who were in a detention center at the time of referral, only six were in detention one year later. More than half (13 of 23) were in residential facilities. Three young people were with their families at six months, but none of these were still with their families at one year.

Next questions: Do patterns of movement among types of residential placement vary among service areas in Vermont? Do longer-term residential outcomes resemble these short-term patterns or are they different? How often are children moved out of their local communities to different regions of Vermont or out of state?

Pandiani, J.A., Maynard, A: Building a mathematical model of Vermont's system of residential care for children and adolescents with several emotional disturbances. A System of Care for Children's Mental Health:Expanding the Research Base. 5<sup>th</sup> Annual Research Conference Proceedings, Research and Training Center for Children's Mental Health, Florida Mental Health Institute, University of Florida. (March 2-4, 1992).

FIGURE 1

### Movement of Children and Adolescents LIVING WITH FAMILY At Time of Referral

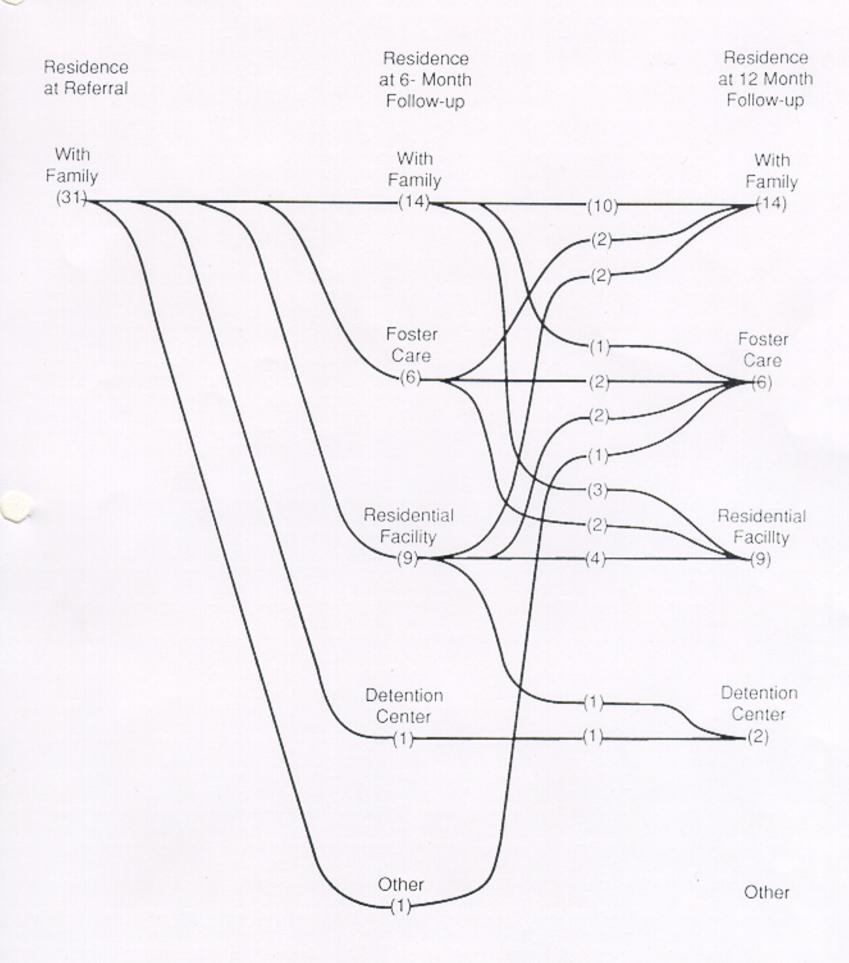
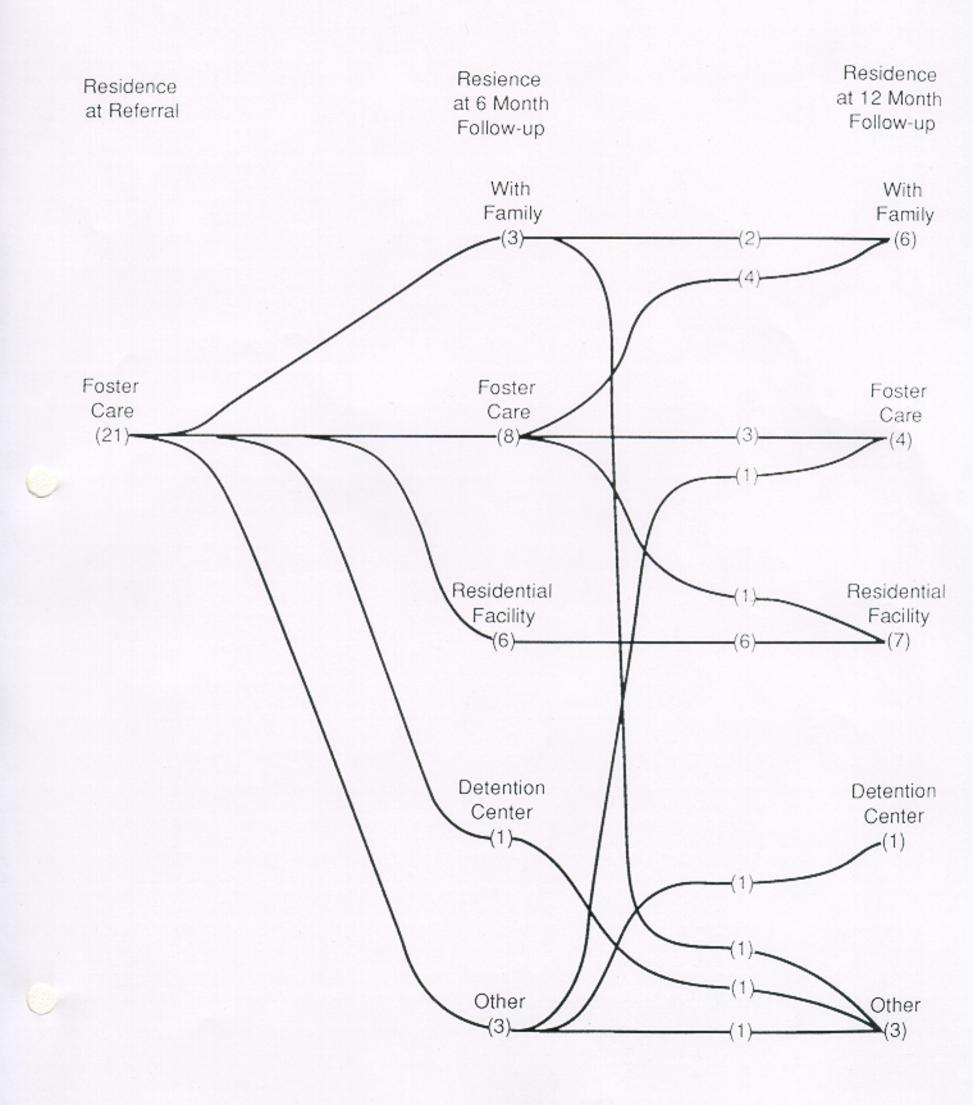
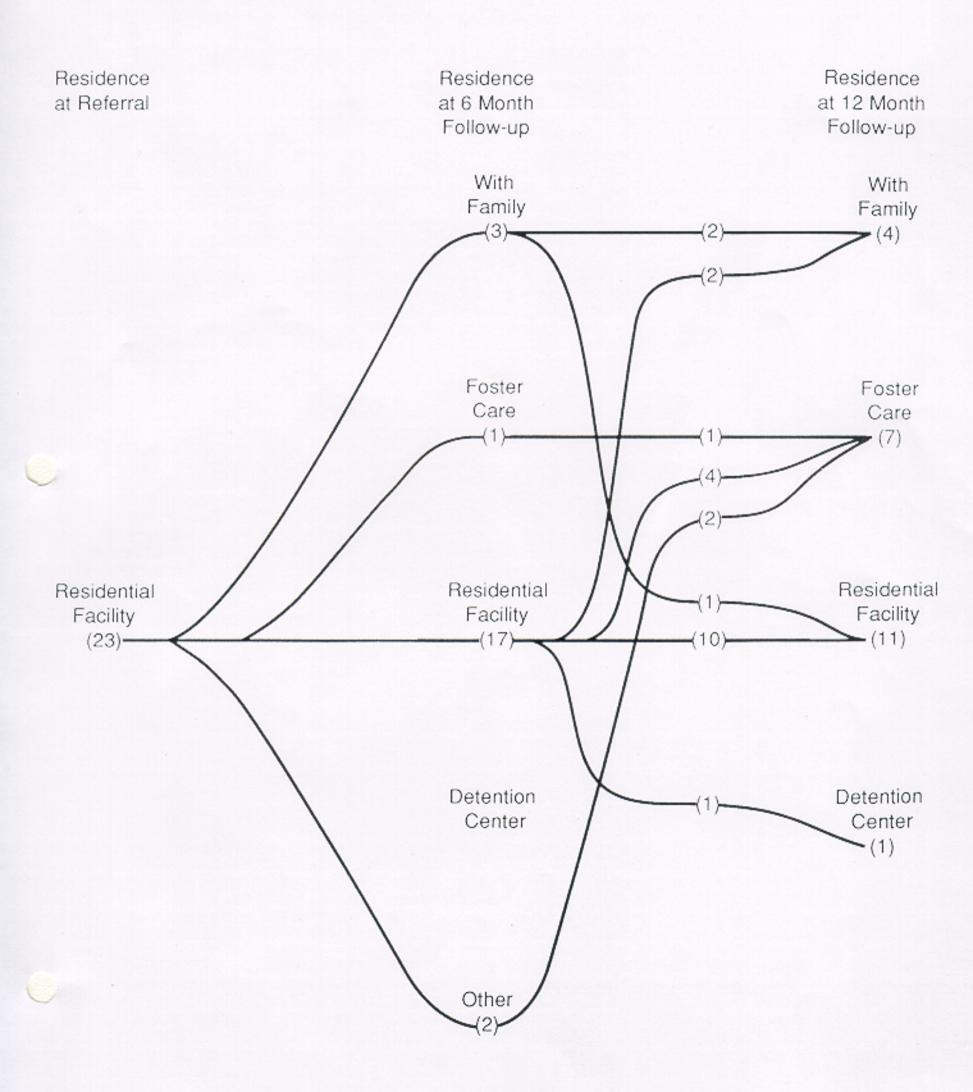


FIGURE 2

# Movement of Children and Adolescents IN FOSTER CARE At Time Of Referral



## Movement of Children and Adolescents RESIDENTIAL FACILITY At Time of Referral



# Movement of Children and Adolescents DETENTION CENTER At Time of Referral

